A New Comprehensive Integrative Care and Navigation Model for Enhancing Outcomes for Black Breast Cancer Patients: Evidence from the Care for HER Program

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Background

Racial disparities in breast cancer are well-documented, impacting various aspects of the cancer experience, including treatment access, quality of life, and overall survival.[1,2] Evidence suggests that patient navigation throughout treatment and survivorship can enhance both quality of life and patient satisfaction.[3]

Care for HER is a campaign that serves Black breast cancer patients nationwide with free access to:

1) **integrative care therapies and services**
2) **24/7 culturally tailored patient navigation by Black nurses and social workers who are also breast cancer survivors**

This study aims to evaluate program outcomes and satisfaction, as reported by program participants.

Method

After participating in the **Care for HER program**, participants provided feedback online for multiple program evaluation metrics:

- satisfaction and resource use (5-point scales)
- perceived benefits (4-point agreement scale and yes/no items)
- pre- and post-program distress (0-10 scale), and likelihood of recommending to others (0-10 scale)

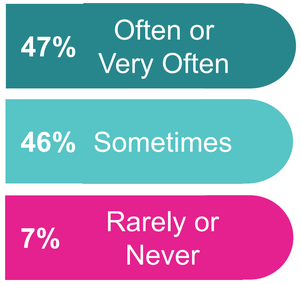
Descriptive and bivariate results are presented.

Participants

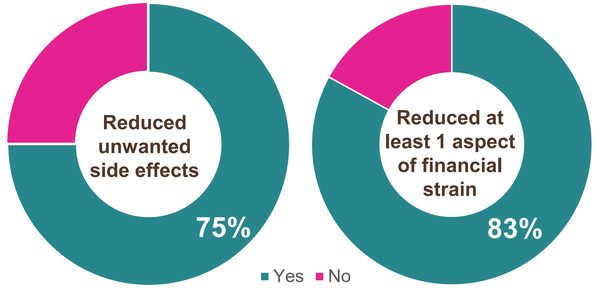
Between April and May 2025, **57 Black women** completed the survey, with an average age of 52 (SD=9.1; range 33-71) and average time since diagnosis of 14 months (SD=11.6; range 6-71).

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Frequency of Care for HER resource use

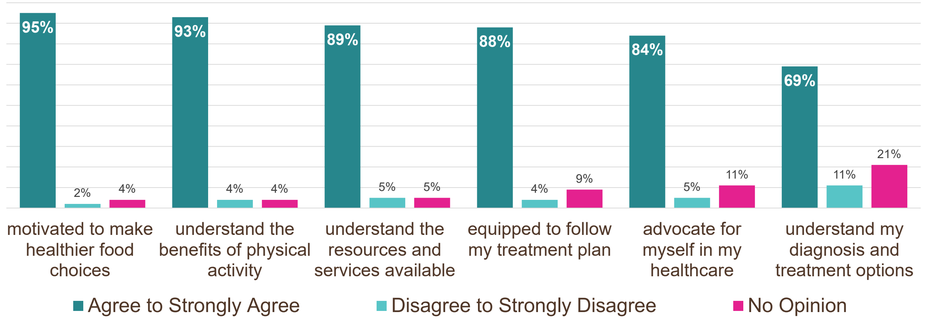


Participant Outcomes

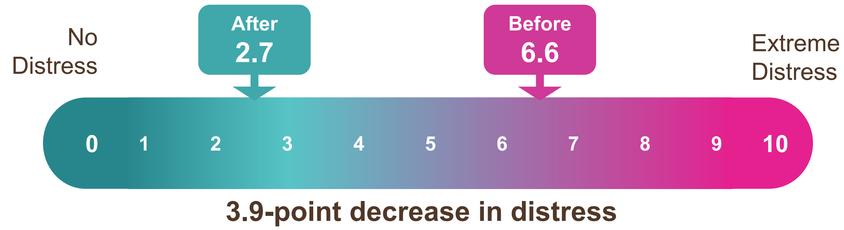


Results show **98% report being satisfied or very satisfied** with integrative care therapies/services and patient navigation, with the **average likelihood of recommending to others a 9.4 out of 10**

Compared to how I felt before the Care for HER program, now:



85% of participants reported reduced distress



3.9-point decrease in distress

- High distress (scores of 8–10) declined from 39% to 0%, while those reporting no distress (score of 0) rose from 5% to 21%.
- Frequency of resource use was significantly associated with reduction in distress (F=4.252, p<.02), such that those who reported using available resources often or very often had the largest reduction in distress after program participation (M=-3.8), compared to those who only use resources sometimes (M=-3.0). Additionally, more frequent use was significantly correlated with program satisfaction (r=.43, p<.001).

Conclusions

- The Care for HER program supports practical and emotional well-being for Black women with breast cancer, with participation associated with **improvements in health behaviors, managing side effects, healthcare navigation, and understanding of diagnosis and treatment, as well as a notable reduction in distress**.
- Frequent use of resources correlated with higher program satisfaction and perceived benefits, indicating that program engagement drove better outcomes.

Care for HER provided essential supportive services and empowered Black patients to take a more active role in their breast cancer care. This intervention demonstrates how access to free and culturally-agile integrative and navigation services can improve oncology outcomes, especially for unsupported communities who cannot obtain these services through traditional healthcare systems.

References

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San Antonio Breast Cancer Symposium | December 9-12, 2025